

A21000000508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TO: Amendment Section
Division of Corporations

SUBJECT: YOUR PLACE HOMES LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A21000000508

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

United States Corporation Agents, Inc.
Contact Person

Legalzoom.com, Inc.
Firm/Company

9900 Spectrum Dr.
Address

Austin, TX 78717
City, State and Zip Code

raresignations@legalzoom.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person _____ at (800) _____ 773-0888
Area Code and Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for:

☒ \$87.50 Filing Fee ☐ \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT
FOR
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

United States Corporation Agents, Inc., hereby resigns as
Name of Registered Agent

Registered Agent for YOUR PLACE HOMES LP
Name of Limited Partnership or Limited Liability Limited Partnership

A21000000508
Florida Document Number, if known

The agent is terminated on the 31st day after the date on which this statement is filed by the Florida Department of State.


Signature of Registered Agent

If signing on behalf of an entity:

Cheyenne Moseley
Typed or Printed Name

Asst. Secretary for United States Corporation Agents, Inc.
Capacity

Filing Fee: \$87.50
Certified Copy (optional): \$52.50

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA